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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Jo E. Gibeaut Edora E. GIBEAU	Jo E. Dibeaut	street: N16382 Cy's Drive City: Park Falls zip: 54552	Trown Village City Fifield	12/05/20 <u>11</u> (Month) (Day) (Year)
EdGAR E. GIBRAU	Edgen E. Ment	Street: N/16382 Cy'S DRIUE City: PARKFALLS Zip: 54557		/2/05/2011 (Month) (Day) (Year)
Patricia A. Rrach	Patricia C. Rosch	street N/62/2 marguret In	Trown Village Lake	(A) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
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			tification of Circulator			
AUDREX	WILLIAM	ns <u> </u>	, (certify): I reside at $W59$	68 DuisyL	ane 54552	EISENSTEIN
· — / - / - / - / - / - / - / - / - / - /	(Name of Circul	ator)	(Circula	tor's Residence – Street nar	me and Number)	(Circulator Municipality)
personally circulated this recall pe he paper with full knowledge of it	etition and personally obta s content on the date indic	ined each of the signatures on this par ated opposite his or her name. I know	per. I know that the signers are electors of the jurtheir respective residences given. I support this	isdiction or district represented recall petition. I am aware that	by the officeholder named falsifying this certification i	I in this petition. I know that each person signed is punishable under S.12.13(3)(a), Wis. Stats.
12,8	/20 //		endrey Wille	ame		Page No. (Official Use Only)
(Month) (Day	y) (Year)	 ·	(≸ gnature of Circulator)			# <u> </u>

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Lean Woolf	Ilan Wood	Street, V 9691 Mi HOIRd City: Phillips WI zing 5 4555	Trown Worcester City	/2/3/20// (Month) (Day) (Year)
2. SUSAN J. LAURILA/	ym awila	Street: 200 Ridgewood Ct.	UTown UVillage Phillips	12/3/2011 (Month) (Day) (Year)
3. Kribkenned	Justernedy	Street: N15588 Wharer Rd City: Park Falls zip: 54559	Stown Dillage City Lake	2/3/201/ (Month) (Day) (Year)
4. Dale Kennedy	Dolland	Street: NISS88 WAGHER Rd City: PARKFAILS Zip: 54552	□ Village □ City	12/3/20// (Month) (Day) (Year)
5. Nary Loberneier	My 6 Liber	Street: W7001 Trout Pand Pd City: F. F. eld WI 21p: 54524	D City	12/3/20 <u>(Month) (Day) (Year)</u>
6. DAVD OSON	Win Oh	Street: N9048 N. EJAWS BAY City: Phillips wa zip: 54555	Frown Village City	12 / 3 / 20 M (Month) (Day) (Year)
7. Rosemary Ghissendorf	Rosemary Glissendorf	Street 200 Cherry 54 AH214 City: Phillips 21854555	Town O'lliage City Phi//ips	13 /8/20 <u>11</u> (Month) (Day) (Year)
8. RosellA PETTEX	Rosella D Bethey	Street: 300 Cheany St # 304 City & hill s 219: 41555	Town Village Ph 1111 PS	/2 /8 /2011 (Month) (Day) (Year)
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/
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GLORIA FALLIS	Com Afolly	Street: N17726 Divine Kapids City: Park For 1/5 WI zup: 57552	Trown Village CISCISTEIN	(A) 2/20 // (Month) (Day) (Year)	Email Phone
Albert J. Schuelke Sr	all Theres	Street: W7007 Chada Rd.	D'Village Fific K	12/2/2011	Email
	0.00	street: W10906 Midway Rd	✓ Town	(Month) (Day) (Year)	Phone Email
Linda MOHERSTROM	and a M ttershow	CIVIKENNAN WI ZID: 54537	City 9/10/A	12/3/20_// (Month) (Day) (Year)	Fhone
Deser McLaughLin	Delvanc Bucklin	Street: N5919 Wood Cur RD	Cortown City Corca four	15/3/2011 (Month) (Day) (Year)	Email Fhone
Dorothy PETER	Dorochy Literal	City: Kennan zip: 54537 Street: Mr4233 Werblied City: Deled WT zip: 54524	Brown Village City Village	(Month) (Day) (Year)	Email Phone
aymond RAnderson	Raymond Alendarer	Street: HocherrySt 310 City: Phittyps 5 th; 53	□ Town □ Village □ City □ 1 (// -1)	(2/8/20(/ (Month) (Day) (Year)	Email Phone
		Street:	□ Town □ Village □ City	//20	Email Phone
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		City: Zip:	□ Village □ City	/ /20 (Month) (Day) (Year)	Phone
		Street:	☐ Town ☐ Village ☐ City	/ /20	Email
(Name of Circul	ator)	Lang.	54552 EISEN	ISTEIN	

(traine of circulator)	(Circulator's Residence - 8	Street name and Number	(Circulator Municipality)
personally circulated this recall petition and personally obtained each of the signatures on this paper. I keep paper with full knowledge of its content on the date indicated opposite his or her name. I know the in-	know that the gigners are also 11		(Circulator-Municipality)
a none wish full beautiful and first the paper. I k	know that the signers are electors of the jurisdiction or district is	epresented by the officeholder named in this	netition. I know that each nerson signed
ne paper with full knowledge of its content on the date indicated opposite his or her name. I know their r	respective residences given. I support this recall petition. I am a	trong that falsifying this same first	position a fair that cach person signed
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	the Wisconsin Constitution and S.9.10 of the purposes, when different than municipal.	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1.Mildred Kempen	Mildred Kampen	Street: W10336 January 15	Town Kullage Kanniin	12/3/2011
2.		City: Kennan Zip: 54537	□ City	(Month) (Day) (Year)
4 4 7)4.	Michal Maughtin	Street: N 5919 Woodlaw R	Drown Dyllage City Sprongelanas	12/3/201
3. 111 12 2 21	1 voice (x way) un	City: KPNNQN Zip: 54537	CONGROWP	(Month) (Day) (Year)
THE CADINGTON	gone Colderation	Street: 300 Chevry SEAH 3/2 City: Phillips (VE zip. 5 4555	U Town U Village Phillps	(Month) (Day) (Year)
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0		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	□ Town □ Village	/ /20
		City: Zip:	□ City	(Month) (Day) (Year)
AUDREY WILLIA	Certification of	of Circulator (fy): I reside at <u>W5968 Ducsy Lane</u>	5415L FISTA	STEIN

	10 I					
	10.		Street:		□ Town □ Village	/ /20
			City:	Zip:	П С:	(Month) (Day) (Year)
		Certification o	of Circulator			
I, _	HUDREY WILLIA	M S , (certif	fy): I reside at W5968	DasyLane	5455L EISEN	STEIN
	(Name of Circula		(Circulator's R	esidence – Street name and	l Number) (Circulator M	(unicipality)
I pe	rsonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indice	ined each of the signatures on this paper. I know that the ated opposite his or her name. I know their respective re	he signers are electors of the jurisdiction	n or district represented by the	affinal alder manual in all in a sixty and its at	
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	(Month) (Day) (Year)		(Signature of Circulator)		#0	00754

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

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·	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1. Kenneth H. Barnett	Kinneth J. Bountt	Street: 126 Larkspur Lane	X Town Village 2 b Mountain	12/9/2011	Email
			City: Wansaw Zip: 5440	city KID POUNTAIN	(Month) (Day) (Year)	Phone
	2. JOSH WADZINSKI	Make In Att.	Street: 7117 EVERGREEN ST	Town St Village ROTHSCHILD	12/9/20/1	Email
		111	City: Scitofield zip 54476	City VCOTASCATED	(Month) (Day) (Year)	Phone
	3. THORVALD	1 112/11	Street: 313 S. 6 AVE	□ Town □ Village	12/9/201	Email
	BURNTVEDT	Mind Damadel	City: WAVSAI) 21054401	City WAVSAV	(Month) (Day) (Year)	Phone
	4. (14444 Bouffad	ALRICA	Street: 125 Miller and	☐ Town ☐ Village	12/7/2011	Email
		Law Doug ord	city: Waysau zip: We	Acity Oblisher	(Month) (Day) (Year)	Phone
	5. Blia Xiona	B1- 4.	street 920 S. 3rd AVE	□ Town □ Village	12/9/2011	Email
	Diror Xiong	July 1	City: Waysay WI zip: \$654401	Xcity Wausau	(Month) (Day) (Year)	Phone
	6.	m	Street: 2345 Grand Ave #7	□ Town	12/9/2041	Email
	Meng Lee	1 hom	City: Wan 52m WX zip: 54403	Mily Wanson	(Month) (Day) (Year)	Phone
al digaste de san san san san	7.0 1 1 0 1 1	DOHA PI	Street: SIQ SO. 3rd Ave #14	₽Town □-Village	12/9/2011	Email
	taulette Tatrick	Vandell Vatrid	city: M/ansay zip: 54401	City Wausau	(Month) (Day) (Year)	Phone
	8.		Street:	☐ Town	/ /20	Email
	Control and Annual for the Professional Control and Annual for the Control and Annual Control		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
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	10.			□ Town	1 100	Email
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I,	Marian Seagrer	\rightarrow \rightarrow \sim 11	ify): I reside at 4803 Stettin [or. Wausq	· U	C:-
I pe	(Name of Circu		(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the			Circ

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day) (Month) (Year) (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

0	ffice pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of the	he Wisconsin Statutes.			
	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1.	(1)	Street: 1024 1/2 5 15+ Ave	□ Town □ Village	12/9/2011	Email
	Rebecca Schuelke	Seberca Shuelke	City: Wausale zip: 54401	Mausau	(Month) (Day) (Year)	Phone (
	2.		Street: N2818 Daiss lane	☐ Town ☐ Village	/ /20	Email
	DERFE HANSON	Villan	Chy proof time Zip:	☐ City	(Month) (Day) (Year)	Phone (
	3.		Street: 5960 Joes Rd	□ Town □ Village ↓ • • • • • • • • • • • • • • • • • •	12/4/2011	Email
	James Lechner	James Fachner	city: Hatley WT zip: 54410		(Month) (Day) (Year)	Phone (
	4.	\ <u>\</u>	Street:	□ Town □ Village	12 /9/201	Email
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	Joyce Chekouras	Certification (of Circulator ify): I reside at <u>1426 Lake Dr.</u>	Bevent		
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	DETTER HANSON	full the	CHY pred fund	Zip:	l City	(Month) (Day) (Year)	
3.		^	Street: 5960 7	ses Rd	□ Town □ Village ↓	12/9/2011	Email
	James Lechner	James Rochne	- chy: Hatley	W7 zip: 5444		(Month) (Day) (Year)	Phone (
4.		V	Street:		☐ Town	17 / 9/201)	Email
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L		Certifica	tion of Circulator	r-			
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I personal	(Name of C) Ily circulated this recall petition and personal	Circulator) ly obtained each of the signatures on this paper. I kno	(Circu ow that the signers are electors of the	<i>llator's Residence — Street name a</i> jurisdiction or district represented by t	he officeholder named in this petition. I l	lator Municipality) know that each person signed	Circulo P
the paper	with full knowledge of its content on the dat	e indicated opposite his or her name. I know their res	spective residences given. I support th	nis recall petition. I am aware that falsif	•		E
Lie	<u> </u>	11 Joine	Charalle	<i></i>	Page	1000 15 6 (y)	
(1	Month) (Day) (Y	(ear)	(Signature of Circulator))	; _#	†	

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Kathleen Beatty	Kathleer Bedty Suith Hawey	Street: 5901 Laberhore Drive City: Waysan 21054401	UTown - Village Rib Mountain	/2/06/20 <u>11</u> (Month) (Day) (Year)
Lucille Harvey	Gueille Howey	Street: 4304 n. Mountain Rd City: Waysan 21p: 54401	- Village Rih Mountain	12/06/2011 (Month) (Day) (Year)
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Kalia Mova Welland Williage Consultation (Deep) Research (Deee		4	45.40	P City Wawsall	(Month) (Day) (Year)	(
4. Cary Jawas Character of Char	1601 in Mark	1/1/01/2/1		☐ Town ☐ village	12/9/2011	
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Chao Yang Chao Y	4.		Street: 311 Humboldt	□ Town	12/8/2011	Email
Scott Nab Yang CHAO YANG CHY Wausau WI 246-54401 Chy Wausau WI 254401 Chy Wausau WI 264 Chy Wausau WI 265 A401 Chy Wausau Chy Chy Wausau WI 265 A401 Chy Wausau Chy Chy Wausau Chy Chy Wausau Chy Chy Wausau Chy Chy Chy Wausau Chy		TAYOUNG	city: Wallselly We zip: 54403	ACity Wall Soll	1	Phone (
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Street: 106 W. Wausau AVE. Town Willage. 12/8/2011 Phone City: Wausau WI zip: 54401 City Wausau Mandal (Day) (Year) Phone City: Wausau WI zip: 54401 Phone City: Zip: City (Mouth) (Day) (Year) Phone City: Zip: City (Mouth) (Day) (Year) Phone City: Zip: City (Mouth) (Day) (Year) Phone City: Zip: City: Zip: City (Mouth) (Day) (Year) Phone City: Zip: City: Zip: City: Zip: City: Phone City: Zip: City: Zip: City: Phone City: Zip: City: Zip: City: Zip: City: Phone City: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	Craw lang	CHAOVANO	City: Wansan WI zip: 54401	*City Wallall		Phone
Cay: Wausau wi zip: 5440 City Woods City Wausau City: Wausau wi zip: 5440 City Wausau wi zip: 5440 Cit	6.		street: 166 W. Wausan AVE.	□ Town	10 /8/2011	Email
Street:	Nou Than	How there		X City Wallsay		Phone (
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Street:	Mong Lot	-mmg Lot	City: Warsay Wi zip: 54401			Phone (
City: Zip: City (Month) (Day) (Year) Phone	8.		Street:		/ /20	Email
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Certification of Circulator			A CONTRACTOR OF THE PROPERTY O		, , ,	Phone
	Dan Han	Certification (of Circulator			<u> </u>

	Street:		UVillage / / /20
	City:		☐ City (Month) (Day) (Year)
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(Name of Circulated I personally circulated this recall petition and personally obtain the paper with full knowledge of its content on the date indicate	or) ed each of the signatures on this paper. I know that the signers are elector ed opposite his or her name. I know their respective residences given. I su	-(Circulator's Residence - Street name and a rs of the jurisdiction or district represented by the o apport this recall petition. I am aware that falsifying	officeholder named in this petition. I know that each person signed
$\frac{/2}{\text{(Month)}} / \frac{8}{\text{(Day)}} / \frac{20 \text{ //}}{\text{(Year)}}$	Dockleso (Signature of Ci		Page (O O Color 5 8 y)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Jara Rosenberg Sualos Co: Wansau zij 54403 Prous Street Jara Rosenberg Sualos Sy Co: Wansau zij 54403 Prous Wallsau Ministrop Oran Ministrop Ministrop Oran Ministrop Ministrop Oran Ministrop Mini		the Wisconsin Constitution and S.9.10 of the Purposes, when different than municipal in the purposes.	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.
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Street: (315 Alta Verde St. Drown Willage City Weston Chemb) (Day) Oran) Evelyn L. Fisher	Lois m. Rosenbell	Laigh Prante	Street: 2100 TOUNLINE RO. #217	☐ Town ☐ Village	
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Kathleen Sanford Kathleen E Sanford City: Waysay zip: 54403 City Waysay (Month) (Day) (Year) Jean E. Martin Jean E. Morth City: Waysay zip: 54403 XCity Waysay (Month) (Day) (Year) ARLA ROSENBERG LOSE Corrigion of Circulator Certification of Circulator Certification of Circulator Corrigion I control of Circulator Certification of Circulator Corrigion I control of Circulator Certification of Circulator		Evelyn L. Fisher	Street: 1809 Plato St.	UVillage	
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Street: 1806 PLATO ST TOWN Village WAUSAU (Month) (Day) (Year) Tames D. Rosen berg (certify): I reside at 1806 PLATO ST WAUSAU WAUSAU	Jean E. Martin	Jean E. Morta	Street: 144 Kent St.	☐ Town ☐ Village	
Tames D. Rosen berg (certify): I reside at 1806 PLATO ST WAUSAU		Keizy	Street: 1806 PLATO ST	□ Village	
(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) ally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed	(Name of Circu	OSEN berg, (cert	of Circulator ify): I reside at 1 600 PLATO ST (Circulator's Residence - Street name an	d Number) (Circulator	Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

NAME & SIGNATURES OF ELECTORS

Print: Gregory Mielko

City:

City:

City:

Street:

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PAM GALLOWAY RECALL PETITION Retu Com PO E Madi THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING MUNICIPALITY OF RESIDENCE DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Ema ☐ Town ☐ Village **E**City Pho ☐ Town ☐ Village ☐ City Street: Pho (Municipality Name) Ema ☐ Town □ Village ☐ City Street: Pho (Month) (Day) (Municipality Name) Ema □ Town ☐ Village ☐ Citv Street: Pho (Month) (Day) (Municipality Name) Zip: Ema □ Town □ Village ☐ City

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Richard P. Tucker	(certify): I reside at	03 19th St.		Mosinee	
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(Circulator Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO B Madi THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Emai PHAR Richard P. Tucken □ Town ☐ Village 11 /(2/20_11 (Month) (Day) (Year) **E**City Mosiner (Municipality Name) city: Mosinee Emai Jeanine M.Tucker □ Town □ Village Street: 703 19th 5t Jt 11/18/2011 **K**City Jeanine III Tucker (Municipality Name) city: Mosinee □ Town ☐ Village City Phon WAUSAU (Municipality Name) □ Town ☐ Village City 11/9/2011 □ Town □ Village Street: 2100 Wegne St. Pa City 11/19/20/1 Wausau Sign: Patricia a, Tucker (7 I, Richard P. Tuckin (certify): I reside at 103 19th 5t.

(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) Mosinee

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personally circulated this	s recall petition and persona	ally obtained each of the	signatures on this	s paper. I know that the signers a	e electors of the jurisdiction or district represented by the officeh	older
named in this petition. I k	now that each person signed	d the paper with full kno	wledge of its con	tent on the date indicated opposi	e his or her name. I know their respective residences given. I supp	port this
recall petition. I am aware	that falsifying this certifica	ation is punishable under	S.12.13(3)(a), V	Vis. Stats.		
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(Signature of Circulator)

(Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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2. Sandra	Sandra	street: R 5691 SaHler LW	☐ Yillage	[]/ 2/201/ E
3.) Quahol3	Street: 2907 HOWLAWD AVE	City Kingle	(Month) (Day) (Year) Pr
SUSAN LASSA	Joseph Jan	City: WESTON Zip: 54476	Divillage City WESTON	11 /28/2011 Pt. (Month) (Day) (Year)
ROBER DRAYNA	Kozer Drayna	Street: 1540 SUMMIT DR City: WAUSAU Zip: 54401	U AUSAU	// /30/20// Ph
Marcella Drayna	Marcella nama	Street: 1540 SummiTDr City: Wau Sau zip: \$4401	□Town □Village ▼City Wausau	11/30/2011 Er (Month) (Day) (Year) Ph
6. Lisa Jacques	tio Ing	street: 9921 Siberian Dr City: Weston Zip: 54476	□ Town Very Village □ City □ City □ City	
7. Bohert Wellber TR	Rwith	Street: 1136 P'ine 57 City: 3chofield zip: 54476	Town Village Schoffe 1d	
8. Barbara Davis	Carine Dow	street: 2080 Varyola Rd City: Kronen wetter zip: 54455	Town Di Village Cronnwetter	(Month) (Day) (Year) Ph
9. Jean Raphan	Jein Raphon	street: boe 8 Morning View City: Scholield Ul zipo 54476	Town EG	13 / 2 / 20 // Pho (Year)
Thanks Kladainishi	Charle & Wadeinh.	Street: 1818 Ceder Creek Dr City: Bothschild zip: 54474	Town Divillage City R. T. C. S. J.	/2/8/20// Enr (Month) (Day) (Year)
Elizabeth Gus		of Circulator fy): I reside at 8005 Birch Sf (Circulator's Residence - Street name and	-#229 Village Number) (Circulator M	Eston

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Year)

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	Laura Wilkowski	Laura	Street: 207 Sandy lane	Detown PDIC	12/6/2011	Email
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the 1	paper with full knowledge of its content on the date indic.	cated opposite his or her name. I know their respective r	residences given. I support this recall petition. I am aware that falsifying	e officenoider named in this petition. I know the ing this certification is punishable under S 12.1	at each person signed	1 110

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3. Robert Ugarst Z Robert Ugarst Robert Ugarst Robert Ugarst Robert Rob		Hrisans.	Hanson	city: Rothschild Wi zip: 54474	City	, , <u> </u>	Phone
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(Signature of Circulator)

(Day)

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At A	street: 8005 Birch St#334	Town Village City (1) & Town	12/1/20/1	Email Phone				
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Barbara J Schneider Barbara & Schneid	street: E367 County Rel J	National State Village	12/1/20/1 (Mouth) (Day) (Year)	Phone				
4.	City Wausan Wi zip: 54403		(Wonth) (Day) (Tear)					
Cotherine R. Kloastra Cathery 20 04	Street: R 8270 White Birch Rd.	Town Village City K/19/C	12/01/20/1	Email Phone				
5. MEVINE A. MOOSII 4 Charles of Section	a city: Kingle zip: 34491	- ~	(Month) (Day) (Year)	(
Barbara J. Kloostra Bubara S. Klowi	street: R 8 120 White Birch Rd.	Town Village City KING/E	13/07/2011	Email Phone				
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Gary T. Peterson Gary PReterson	Street: 10185 N. 20th Hue	Prown Utillage City Main	12/5/2011 (Month) (Day) (Year)	Email Phone				
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Ruth Carlson	Ruth Carlson	Street: 5808 Mormandy St City: Weston zip: 54476	Prillage Weston	12/06/20_11 (Mouth) (Day) (Year)	Email Phone				
Ramert Carlson	Ramed Carlon	Street: 5808 Normandy 54 City: Weston zip: 54476	□Town □Yillage Weston □City	/ 2 / 04/20// (Month) (Day) (Year)	Email Phone				
Sara C Babl	Sara CBobl	street: 506 Elm St. City: Rothschuld zip: 54474	Drown Village Rothschuld	12 /01/2011 (Month) (Day) (Year)	Email Phone				
RONALD GREENE	Ronald Greene	Street: 1205 SRING-BROKRD City: MOSINEE Zip: S4455	City MOSINEL	1 26 1/20 1 (Month) (Day) (Year)	Phone (
HARUEN HANSON	Hancey Hansm	Street: 508 SOUTHLINE RD City: ROTHSCHILD Zip: 54474	Grown Skyllage City ROTHSCHIND	12/6/20 <u>1/</u> (Month) (Day) (Year)	Phone (
EUGENE F	Eugene 7 arms	City: Wallson W zipz 5440 (Stown Village Reb Month	12/6/20/(Year)	Phone (
160 REIZ	July Ugoret	SHAF3 KOLLTDFUD DD RD SKADDEN WETTER 220-54455	Drown Village V City A KON NWETTER	/2/6/20// (Month) (Day) (Year)	Phone (
Christopher J. Antiporex	Chrty Center	Street 2202 Sandpiper Ave	D'Town Utiliage R. b Moor 1 A	(Month) (Day) (Year)	Phone (
JOHN Spbuze		Street: 5343 1012tn 37 City: LittleStell Life 21p: 54403	D Town Uvillage A B S A U PA M	/3/6/20//_ (Month) (Day) (Year)	Email Phone				
Susan Kufahl	Susan Kufahl	Street: 7303 Ryan Amy Drive City: Westen WI Zip: 54476	City Westen	12/6/2011 (Month) (Day) (Year)	Email Phone				
PAUL A. MAJ		of Circulator ify): I reside at 6/08 15A1A.	HST. WEST	of or	Circulati				

Susan	Kufah)	Susan	Hugan	Street:	7303 Vesten	Ryan	Amy Drive	☐ Town Village ☐ City	Westen	12/6/2011 (Month) (Day) (Year)
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personally circulated this re	call petition and personally obta	ained each of the signatures	on this paper. I know	that the signe	ers are electors of th	e juriediction or	district represented by the	officebolder no	med in this matition. Thus	
he paper with full knowledge	e of its content on the date indic	ated opposite his or her nan	ne I know their respec	tive residence	es given. I support	this recall petition	m. I am aware that falsifyi	ng this certificat	tion is punishable under S	.12.13(3)(a). Wis. Stats.
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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING						
	1. Juson Dur	An a Qui	street: 205 Buchanan St.	Hown Old	11/21/2011	Email Phone					
		(Most eval	city: Mosinee zip: 54455	MCity MOSWEE	(Month) (Day) (Year)	Email					
	2.	1/6)	Street: 5510 St Nwy 153	Town Uillage	11/25/2011						
	Levin Illia	sens h	City: Harky zip: 54440	City KEID	(Month) (Day) (Year)	Phone					
	3.	0	Street: 5510 State Hwy 153	□ Village	11/25/2011	Email					
	Brende Northcott	Bunder attall	city: Hatley zip: 54440	City REID	(Month) (Day) (Year)	Phone					
******	4. //	m. 1	Street: 7410 Blubberry Ct	□ Town	12/3/20/1	Emai)					
	Bris Miral		City: Wasar zip: 54401	ACity WAUS40	(Month) (Day) (Year)	Phone					
	5.	10()	Street:	□ Town	/ /20	Email					
			City: Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone					
	6.		Street:	□ Town	1 100	Email					
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	Dalla : x = 100	Certification of	of Circulator	54440	7						

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I, _	KONALD	EM	1746	(certify): I reside at 553	2 HWY 153 HATL	EY WI TOWN /	REID
I pe	rsonally circulated this recall petition	(Name of Circula on and personally obtai		(Cir this paper. I know that the signers are electors of t	rculator's Residence – Street name and the jurisdiction or district represented by the	d Number) (Circulate	or Municipality)
the p	paper with full knowledge of its co	ntent on the date indica	ted opposite his or her name. I	I know their respective esidences given, support	t this recall petition. I am aware that falsifyi	ing this certification is punished er S.	.12.13(3)(a), Wis. Stats.
_	(Month) (Day)	/ <u>20 / (</u> (Year)	- Hon	(Signature of Circulat	or)	Page No	Conty
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY I	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Mad		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING			
1. Print Susan P. Meagher sign: Susan P. Meagher	street: 304 So. 3rd. St.	Town Village City Medford (Municipality Name)	12/2/20 <u>//</u> (Month) (Day) (Year)	(
Print: James (Hart) sign: James Hart	Street: 121 Joan St City: Medford WI Zip: 54451	Town Village Medford (Municipality Name)	12-/2/20 <u>/1</u> (Month) (Day) (Vear)	Pho		
3. Print: Thomas J. Geigrer Sign: Thomas J. Geigrer	Street: W 5520 ELM Ave	□ Prown □ Village □ City Lot the Black (Municipality Name)	/2/3/20_ <u>M</u> (Month) (Day) (Vear)	Pho		
sign: Cathleen F. Mauer sign: Cathleen F. Mauer	Street: N4416 Crave Dr	M'Town □ Village □ City Meaf Pord (Municipality Name)	/2/5/20// (Month) (Day) (Year)	Pho		
5. Print Lov Ann Stanton sign: Lau an Stanton	Street: W6139 Wend+ Pr.	Town City (Municipality Name)	12 / 5/20 <u>//</u> (Month) (Day) (Year)	Pho		
I, Lyu Kraken severey. (Printed Name of Circulgor) I personally circulated this recall petition and personally of	Certification of Circulator I. Lyu Kra Ken sevgev (certify): I reside at 11.5.3 sestime and Number) Circulator's Residence - Street Name and Number) Circulator Municipality) Circulator Municipality) Phore					

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of the personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of the personal petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12,13(3)(a). Wis. Staty.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT.	174444444444444444444444444444444444444	Ma
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Julie Motsinger	W6261 CTy Hruy A	Town L, He	12/2/20/11	Е
Sign: Juli Hofanger	City: Medford Zip: 54451	Black (Municipality Name)	(Month) (Day) (Year)	P)
Print: Penny A Sova	Street: W9409 Apple	Æ Town ☐ Village ☐ City	12/2/2011	E
sign Lenny a Sore	city: Melford zip: 54451	Dolway (Municipality Name)	(Month) (Day) (Year)	Pi (
Print Chell M. Anderson	street: 655-N 2 hd St	☐ Town ☐ Village 50 City	J≥/≥ /20 <u>//</u>	E
sie Fhell M. Underson	cumed ford 21054451	(Municipality Name)	(Month) (Day) (Year)	PI (
Frint Casy M. Hem Stein 4-	street: W4657 Coda- Street	Ortown Uvillage Ucity (Municipality Name)	/1/20// (Month) (Day) (Year)	Es Pt
5. Timothy I Pernyteine	CHy: Medford Zip: 5445-1	Town Village		Er Er
sign: brothy ffenter	Street: W6657 Codu St. City: Med ford 21p: 54457	(Municipality Name)	/2/2/20/(Month) (Day) (Year)	Pi (
Lyn Kraken berge To (Printed Name of Circulator)	ertify): I reside at Circulator's Residence - Street Name and Num	nber) Medfor (Circulator Municipal)	pality)	Circula Please inc

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content of the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(1), Wis. 3

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	nt to Article XIII, Section 12 of the Wisconsin Constitution a ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	Y OF RESIDENCE IS NOT SUFFICIENT		PC Ma
	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		
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1.				E
Printinda Sackman	Street: W4922 Sp. St	Town □ Village	13/5/	
I de solt	Siree: VV 7 / / XV .	City	W/2/20_11	Pi
Sign: June Williams		(Municipality Name)	(Month) (Day) (Year)	
2.	City: Westboso zip: 54490			11,
Print: Dennis V Nofsinger		和 Town 口 Village		E
Print: Den 13 13 13 13 13 13 13 13 13 13 13 13 13	Street: W6261 Cty Hwy A	│	11/2/2011	
Sten: Jen & Spoken		Little Black (Municipality Name)	12/2/20_// (Month) (Day) (Year)	Ph
	cir Medford, Wizin 54451	(Municipality Name)		(
3.	City / (Ed) OVA , (CS, july:) 7-4) /			Er
Print: SHERYL BALCIAR	1. 11.000 Made and to	Town ☐ Village		
4	Street: W6883 Maplewood Jane	City Cal	12/2/20/1	Ph
shery a - Balciar		(Municipality Name)	(Month) (Day) (Year)	Po
	City: Medford, W/ Zip: 54451	(Madisopanty Pame)		
Print FEGGY LTCHTL		Sown Uillage		En
Print: DO J EL G/17	Street: N3191 LKic Dr	City	261	
and the second	17	Browney	13/3/2011	Ph
Signify John Signi	chy. Me dford WI zip: 54457	(Municipality Name)	(Month) (Day) (Year)	(-
5	City: 19 66 2001 2 10 1 21p: 5 4 4 5 7			En
Danne Schmidt		☐ Town ☐ Village		
	Street: 240 N Main St.	(Municipality Name)	12/2/26/	
Danne Chmidy	91 11	(Municipality Name)	(Month) (Day) (Year)	Ph
	City/ Zip: O			(
1 1 1 1 1 1 2	Certification of Circulator	400		<u></u>
LAYU KraKenberger, (certify): I reside at 1653 5t.	Medtor	d	Circula
(France Name of Circulator)	(Circulator's Residence - Street Name and Nun			Please inc
personally circulated this recall petition and personally ob	tained each of the signatures on this paper. I know that the signers are elector	s of the purisdiction or district represented by the	a officebalder	1 401

1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the flate indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a). Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall

	nt to Article XIII, Section 12 of the Wisconsin Constitution			PO]	
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Print: Diane ZULEGER Sign: Dane Willer	Street: N4408 HWY 13	C Town Villege City Med ford	12 10 5 7 20 11 (Month) (Dny) (Year)	Em	
J	chy: Medford zip: 54457	(Municipality Name)	(wroam) (pny) (year)	(-	
Print: Ruth Breezee	Street: N3650 HWYQ	Of the state of th	13/7/2011 (Month) (Day) (Year)	Ema	
3. Ja Czarnezki	Street 604 S. Gibson	Med ford		Ema	
Sla Garnehi	City: Medford W1 zip: £254451	Medlord (Municipality Name)	(Month) (Day) (Year)	Phot	
Print David S. CASA/ David J. Caren	Street: N5885 Cty Rd C	XTown Village City City (Municipality Name)	12/9/2011 (Month) (Day) (Year)	Phor	
5. Print: TERRENCE PRESCHLE. PARENCE PRESCHLE.		Town ☐ Village ☐ City		Ema	
sign: Tenence J. Treasell	city: Medford zip: 54451	CHELSHEA (Municipality Name)	/2/9/20	Phon	
Certification of Circulator Lyn Kra Kenhe White Treside at 1165.3 T. Months					
(1) and 1 (since by Orientalist)	(Circulator's Residence - Street Name and Nun	. 10	ipality)	Please inclu	

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	t to Article XIII, Section 12 of the Wisconsin Constitution a			PO
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1. Print: Elizabeth H. Geiger	Street: W5530 Elm And	☐ Town ☐ Village ☐ City	12/2/20_11	Em
Signi Chizatath H. Louga	City: Statsonville ZIR 54480	(Municipality Name)	(Month) (Day) (Year)	(En
Print MARCHRETM. Anderson	Street MERK CAPILLE / LIEAR II 50	☐ Town ☐ Village ☐ enty	12/5/20// (Month) (Day) (Year)	Pho
sign Margare Manderson	Chy. MEDFORD. WIZIPE 54451	Med for d (Municipality Name)	(Month) (Day) (Year)	Em
PrinDENNIS NUERNBERO		☐ Town Stillage ☐ City	12/5/201	Pho
Denih Muerley	city: Medford WI zip: 54451	(Municipality Name)	(Month) (Day) (Year)	(-
Print: TONIK MATTHIAS	Street: N3163 Castle RA	Town Uvillage City	12/5/2d1	En
Sign:	city: malford 2451	(Municipality Name)	(Month) (Day) (Year)	(Em
Print Earl Finkler	Street: 434 Pinc	Town Village CyCity	1- /-/2011	
Sign: Gent of Trienkles	city: McHEND Zip: 54451	(Municipality Name)	(Month) (Day) (Year)	Pho (-
1. Lyn Krakenberger	Certification of Greulator (certify): I reside at //6 5 3 5 5	Medfo	rd	Circula
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu.	mber) (Circulator Muni	cipality)	Please inc

I personally circulated this recall petition and personally obtained each of the signatures on this paper I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN	
Eugene Polzin	Eugene Polyin	ciy: Medford Zip: 54451	Town Dyillage Toty Medford	//36/201	
Leannethum!	Deannessum	Street: 5255. 2145t. City: Next Gold III 21p.54451	Town Village City MONTON	// /3u/20/ (Month) (Day) (Year)	
1- LOSSEL ARTHRAY	The B. archital	Street: 632 TEEH PLACE City: MED FOWD Zip. 5445	Town Uvillage City MED FOR	// 3 / 20/ (Month) (Day) (Year)	
Gayle A Lewis	Cayli A Leuria	Street: 232 SLH HC City: Medfard zip: 54451	Town Wedford	11/30/201 (Month) (Day) (Year)	
5. ROSEMarie LEFEBURE	Rose Marie Lefebore	Street: 306 E. Allman City: Mcdford zip: 5445/	Town O Village City Medford	///3/20/ (Month) (Day) (Year)	
Manganet Tyma	Margaret Rima	Street: 258 VINCENT City: Me Hand zip: 54451	Town Uillage City Medtand	/2///20/ (Month) (Day) (Year)	
DAVIDD CLARK	David De Clark	Street: 445 W PIEKINS City: MEDFORD Zip: 54957	Town Uvillage City	12/2/20 <u>/</u> (Month) (Day) (Year)	
Dottie Clark	Dotte Clock	Street: 445 WBr Kins City: Med Sond UI 2454459	Town Uvillage City Medfor	/9 / 9 / 20/ (Month) (Day) (Year)	
9. Todd Bechan		Street: WS85750114 ALR City: Medford WI Zip. 54451	PTown Uvillage Medford	/2/2/20/ (Month) (Day) (Year)	
10. Patricia M Schultz	Patricias Schully	street: 3 045.3 rd St ChyMed ford W/ 210:54451	Town Village City Coty Coty	/2/z/204 (Month) (Day) (Year)	
Lyn Krakenberger Certification of Circulator, (certify): I resident 4111-1165.3" St. Medford					

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1.	My ~	street: 9503 WOODLand Dr.	□ Town Se Village	11/17/2011	Emai
	Bryan Gayerski	V	city: Schofield zip: 54476	city Weston	(Month) (Day) (Year)	Phon
	2.	101/16	Street: 1410 Silver Civele	□ Town BS	11/17/20/1	Emai
	Martin (or son	111/2	City: Morrise W1 zip: 54155	Deiny Kronen wetter	(Month) (Day) (Year)	Phon
	3. Von REDIMINO N-	John for the	Street: DE S. CING RD City: PATTISCHICO W. Zip: 54474	Drown Orillage Octive Orillage	// // // 20_// (Month) (Day) (Year)	Emai
	4.	1 / 1/1 (var)	Street: 324 Broadway Ave	□ Town	11 /10/00/1	Emai
	Tara Sulanion	Tavaswanun	City: WAMIAM Zip: ST4U3	City Walland	// //20//_ (Month) (Day) (Year)	Phon
	5.		Street:	☐ Town ☐ Village	/ /20	Emai
			City: Zip:	☐ City	(Month) (Day) (Year)	Phon
	6.		Street:	☐ Town ☐ Village	/ /20	Emai
			City: Zip:	□ City	(Month) (Day) (Year)	Phon
	7.		Street:	☐ Town ☐ Village	//20	Emai
			City: Zip:	☐ City	(Month) (Day) (Year)	Phon
	8.		Street:	□ Town -□-Village	/_/20	Emai
	9.		City: Zip:	□ City	(Month) (Day) (Year)	Emai
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	10.	**************************************	City: Zip:	☐ City	(Month) (Day) (Year)	Emai
			Street:	☐ Town ☐ Village ☐ City	/_/20 _	Phon
		Contignation	City: Zip:	L CRy	(Month) (Day) (Year)	
I.	Ben Svansun	Certification (of Circulator ify): I reside at 326 Broadway Ave	Wavsau		
I po	(Name of Circul ersonally circulated this recall petition and personally obta	lator) ained each of the signatures on this paper. I know that t	(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	(Circulator M. officeholder named in this petition. I know the	at each person signed	Ci

(Signature of Circulator)

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					PO Bo
	THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madiso
	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
	1. Print: AGNESAN, TITERA	Street: 403 Corbett ave E. Apt.7	☐ Town ☐ Village ☑ City	17/20/2012	Email
	sign: Olynas m. Titeka	City: Ladysmeth Zip: 548	Jodysouth WI. (Municipality Name)	(Month) (Day) (Year)	(7/.
	2. Print: Miranda Colley	Street: 311 Wildwood Circle	☐ Town	11 /25/2011	Email
	sign: Moby	city: Roberts zip: 54023	(Municipality Name)	(Month) (Day) (Year)	Phone (7)
	3. Print: MOSTCH COCKS Y	Street: 31 WELDWOOD CENER	☐ Town □ Town □ City	11/25/2011	Email
	Sign:	City: ROBERTS Zip: WI	(Municipality Name)	(Month) (Day) (Year)	Phone (715
	4. Print: Susan R Warren	street: N4846 White Birch Rudgi	☑ Village ☐ City	11/28/2016	Email SYL
	Sign: Selsan & Warra	CHY: Ladysmich Zip: 54848	(Municipality Name)	(Month) (Day) (Year)	Phone (7)
	5. Leon P. Warren	Street: NYSYGUh i te Birch Ridge	Nown □ Village □ City	1 1-2	Email
	sign: Leon A. Warren	Certification of Circulator	(Municipality Name)	(Month) (Day) (Year)	Phone (7)
		Certification of Circulator			1 1 -
	I, Bonnie Titero. (Printed Name of Circulator)	(certify): I reside at NY125 White Rink (Circulator's Residence – Street Name and Num	Rige Town of (Circulator Mann	Crant leipality)	Circulator Please include Phone
					FIIONE

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis, Stats.

(Month)

(Day)

(Year)

(Signature of Circulator)

Page No. (Official Use Only)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 2:

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Printi Mary Kelnhofer Sten: Mary Kelnhofer	Street: N/0583 Swiss Point Rd City: Phillips #1955	☐ Town ☐ Village ☐ City	/2 / 2-/20// (Month) (Day) (Year)	Phone (715
2. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20 (Month) (Day) (Year)	Email Phone
3. Print: RICY MAD KELN HOFER Sign: Rich Kelnfa	Street: NIO583 SWISS POINT RD City: PHILLIPS Zip: 54555	☐ Town ☐ Village ☐ City WORCES TEN (Municipality Name)	/2/2/20_1/ (Month) (Day) (Year)	Phone (
4. HOMAS G. MARTWKK Signi	Street: 48016 = WILS 21 FL RD. CHY: PHILLIPS ZID: 4 154555	Town Utiliage City FLK (Municipality Name)	72/S/20 <u>[[</u> (Munth) (Day) (Year)	Phone
5. ANDREW RILEY SIGNAL MG	Street: N/0/22 CTY RD F City: PH/LUPS Zip: 54565	© Town □ Village □ City FI AITBFA (Municipality Name)	12/8/20/1 (Morsih) (Day) (Year)	Email Phone
I, BOBB WELL. (Printed Name of Circulator)	Certification of Circulator (certify): I reside at (Circulator's Residence - Street Name and Nu	Thille umber) (Circulator Muni	(j) cipality)	Circulators, Please include you

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month)	(Day)	(Year)	(Signature of Circulator)

Please include your Phone

Email

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Circulators Please include y

THE MUNICIPALITY U	SED FOR MAILING PURFOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	y of residence, is not sufficient. Be listed.		Madison
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. Print: Patricia J. Weinert Bign: Patricia J. Heinert	Streets W12936 Cty. O	B. Town Utillage City Atlanta	/2/7/20 (/ (Month) (Day) (Year)	Email Phone
	City Bruce Zip 54819	(Municipality Name)	(130111) (1301)	(
Prist Peggy A Weinert Bign Peggy a. Skeinert	Street: W13936 Cty0	DE Town U Village U City	W/7/20/L	Bmail
000	chy: Bruce zipi 54819	At/an ta (Municipality Name)	(Month) (Day) (Year)	Phone (
3. Printi Robert W Weinerd	Bired: 6/8 N Johnson ST	☐ Town ☑ Village ☐ City	12/7/20_//	Email
sign: Robert W Weenert	Citys Bryce Zips 54819	(Municipality Name)	(Month) (Day) (Year)	(
Prints	Streets	□ Town □ Village □ City	/ /20	Email
Bigot	Citys Zips	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print:	Street	□ Town □ Village □ City	1 /20	Email
Signi,		(Municipality Name)	/ /20	Phone (
	City: Zip:			<u> </u>

	City	Zip:		
		n of Circulator		
1, Robert W Weinert	certify): I reside at 618 N	Johnson ST	Bruce WI	
(Printed Name of Circulator)	(Circulator's Residen	ce - Street Name and Number)	(Circulator Munici	pality)
I personally circulated this recall petition and personally obnamed in this petition. I know that each person signed the precall petition. I am aware that falsifying this certification in the petition of the personal petition and personally obnamed to personally obnamed	aper with full knowledge of its content on the de	w that the signers are electors of the jurisd ate indicated opposite his or her name. I kn	letion or district represented by the low their respective residences given Page No. (Official Uses)	officeholder 1. I support this

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING MUNICIPALITY OF RESIDENCE NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email 1. Town ☐ Village County Rd. O ☐ City Phone **Email** ☑ Town ☐ Village ☐ City Phone Email Town ☐ Village ☐ City Phone Municipality Name) Email 1 4. Town ☐ Village ☐ City Phone Email **™** Town ☐ Village ☐ City Phone Certification of Circulator

personally circulated this	recall petition and personally obta	ined each of the signatures on this paper.	I know that the signers are electo	rs of the jurisdiction or district represented by the officeho	older
				her name. I know their respective residences given. I supp	ort this
ecall petition. I am aware t	that falsifying this certification is p	ounishable under S.12.13(3)(a), Wis. Stat	is,		
12,	7 /20 11	Q0. \$1/1	12 7	Page No. (Official Use Only)	1

(certify): I reside at 618 N Johnson ST

(Month) (Day) /20 1 Robert Weenert (Signature of Circulator)

Please include y
Phone

(7) Email

Circulators

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	DF RESIDENCE DATE OF SIG	O 1 En
2. KFUNETH HOPP Hennal Holl City: Wausan WI zip: 54401 City Wausan WI zip: 7400 City Waus	(Month) (Day) (Y	OII Ph
Sharon Hopp Shung Hope Street: 6900 Whippoorwn Ro Village City Waesan WI zip: 5440) Sharon Hopp Shung Hope City: Waesan WI zip: 7400 City Rib	(Month) (Day) (Y	Oil Ph
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Kongmeng Lee Kerym L City: Wansan Zip: 52401 Town Village therity wan	12/8/2 (Month) (Day) 0	O <u>//</u> Year)
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Shirley Hannemann Shirley M. Wavsau, WI zip. 54401	Mountain 12 kg/2 (Month) (Day)	Year)
Martin C Hannemann Martin C Hannemann Street: 2704 Raven Ave Village Rib M		
Certification of Circulator Jeanette White Certification of Circulator (Name of Circulator), (certify): I reside at 1906 U. 10 th Ave. Apt. 7 (Circulator's Residence - Street name and Number)	City of ways a (Circulator Municipality)	·

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	RICIPALITY OF RESIDENCE MUST ALWAY	S RE LISTED	ı
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Rachel M. Klemp-North	Rachel MKlem North	sirect: 918 Hamilton St City: Wausau zip: 54403	Town Village Wausaw	12/9/2011 (Month) (Day) (Year)	Email Phone
Timothy L NacF	timothy , Noef	Street: T-12450 CTY Rd J City: Way Say W7 Zip: 54403	Brown □ Village □ City Texas	/1/9/20// (Month) (Day) (Year)	Email Phone
Kathleen M. Nact	Kathler M. Mars	City: Warsan WI zip: 54403	DrTown Village City eft 8	/2/G /20 (Month) (Day) (Year)	Email Phone
Andy Comers	9	Street: 3011 9 ⁴¹ 5t. City: Waysay W1 zip: 5-4463	□ Town □ Village SCity City City	/2 /9/2011 (Month) (Day) (Year)	Email Phone
Chris Kazda	Chris Kayd.	street: 110 Marguerite St. city: Schofield zip: 54476	Drown Village City Schofield	12 /9/2011 (Month) (Day) (Year)	Phone (
Keryl SHiLts	Keryl Shiets	City: Walson, W: Zip: 54401	□ Town □ Village ▼City W alersan	/2/9/20// (Month) (Day) (Year)	Email Phone (
DENUER SHILTS	Done I Suits	City: POSFORANS, Strip: 54401	□ Town □ Village ☑ City Warran	(A)	Email Phone
John Wolfe	John Word	City: Waysachicap: 5 410	Stown Village City MAIN	12/9/20_1 (Month) (Day) (Year)	Phone (
M. KeRolnecki	Mike Robertin	Street: 1908 Hawthorn In. City: WAU SAV W 1 zip: 5463	Village WESTON	/2/9/2011 (Month) (Day) (Year)	Email Phone
Jean Rolnecki	Jean Rolnedi	street: 1908 Hawthorne Ln.	Town Village Weston	12/9/2011 (Month) (Day) (Year)	Email Phone
Jeanette	White Certification of the control of the certification of the certifica	fy): I reside at 1904 N. 10 th Ave.	Apt. 7 Was	USalv	
<i>Name of Circu</i>) rsonally circulated this recall petition and personally obt	,	(Circulator's Residence – Street name and	Number) (Circulator M	Municipality)	Circu

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this pecall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin State

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rer -	/2/e7/20 <u>//</u> (Month) (Day) (Year)	Phone
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THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madiso
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Roy Jones Sign: Ry Junes	Street: W6353 Co P841 City: Ph. 11, P5 Zip: 54855	Town Village SARCESTER (Municipality Name)	/2/07/20 <u>//</u> (Month) (Day) (Year)	Phone (77
2. Print:	City: 14211, PS 21pt 54883	□ Town □ Village □ City	/ /20	Email
3.	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
Print:	Streets	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
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Sign:	City: Zipı	(Municipality Name)	(Month) (Day) (Year)	Phone (
Print	Street:	☐ Town ☐ Village ☐ City ————————————————————————————————————	/ /20(Month) (Day) (Year)	Phone
A-u DR-1	Certification of Circulator (certify): I reside at N8431 Boxes Hell S	Town of		(
I, Arthur P. Burkat.	(certify): I reside at VOTA DIVA Tell S		inality)	Circulators

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12.13(3)(a), Wis. Stats.

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of Senator Fam Ganoway from office pursuan	it to Afficie Affi, Section 12 of the Wisconstit Constitution of	and 5.5.10 of the 1418constit Statutes.		FO BOX
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1	Street W10055 DEBARDOLEOSH RD.	M.Town □ Village □ City	12/2/2011	Bmail
Sign_	City: PHILLIPS 24555	(Municipality Name)	(Month) (Day) (Year)	Phone (
Printi LOUISE LINDSAY	Street 720 Pineciest ave	☐ Town ☐ Yillage D(City () / _ //	12/8/20//	Email
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Sign Mut Jendery	alligs zin 54505	(Municipality Name)	(Month) (Day) (Year)	Phone (
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<u> </u>	Certification of Circulator	and the second s	
I, TRACIEL. BURKART, (Printed Name of Circulator)	(certify): I reside at N8451 BIRCH HILL (Circulator's Residence - Street Name and I		Circulators
	obtained each of the signatures on this paper. I know that the signers are ele- paper with full knowledge of its content on the date indicated opposite his is punishable under S.12.13(3)(a), Wis. Stats.		he officeholder
/ <u>/</u> / 08 / <u>/</u> (Month) (Day) / <u>20 //</u> (Year		Page No. (Official Us #	e Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RUF Rural address must also include		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Edward G Busby	Elward J. B. Ley	Street: 442 IST Ave N City: Park Falls	zip: 645 52	Town Village Park Faus	M /25/2011 (Month) (Day) (Year)
Edward G Busby CHCISTIE L. SALES	Christie L. Sales	Street: W/0485 COUNTY L	Zip: 54514	Town Uvillage City LAM	[] /29/20 <u>1</u> (Month) (Day) (Year)
		Street:	Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
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<u>tdwar</u>	<u>d G B</u>	usby		, (certify): I reside at	42 15 Ave		PARK FA	ALLS	
		(Name of Circulator)			(Circulator's Residence - Stree			ulator Municipality)	
personally circulated	this recall petition	and personally obtained eac	h of the signatures on this paper. I l	know that the signers are electors	s of the jurisdiction or district represe	ented by the officeholder name	d'in this petition. I	know that each person sign	ned
he paper with full kno	owledge of its conte	nt on the date indicated opp			pport this recall petition. I am aware	that falsifying this certification	is punishable und	er S.12.13(3)(a), Wis. Stats	; .
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(Month)	(Day)	(Voor)		(Signature of Circ	culator)		1 7 11 10 1	c 110. (Official Ose Only)	i

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Mary E. Henkelman	May E, Hukulman	- street: 217 Lenon St City: Pathschild zip: 54474	Town Rothschild	/2/9/2011 (Month) (Day) (Year)
Paul Greer	Paul Dres	Street: 1505 N 3rd Ave City/11a 65 a Ch zip: 5490	Town Uausument Wausument	12/9/20 <u>11</u> (Month) (Day) (Year)
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)
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		Certifica	tion of Circulator			2 7	
William	A. Christe	nsen	_, (certify): I reside at <u></u>	886 Granite Heigh	htz Road Town of	ator Municipality)	Circu
	(Name of Circi	ulator)	ear that the cioners are electors	(Circulator's Residence – Street numbers of the jurisdiction or district represented by	y the officeholder named in this petition. I kn	now that each person signed	
ersonally circulated this	recall petition and personally of	stained each of the signatures on this paper. I kno	chactive residences given LSI	poort this recall petition. I am aware that fal	sifying this certification is punishable under	S.12.13(3)(a), Wis. Stats.	-
paper with full knowle	dge of its content on the date ind	icated opposite his or her name, I know their res	spective residences of the party	A			. 1
e paper with full knowle	dge of its content on the date ind $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	prained each of the signatures on this paper. I knot licated opposite his or her name. I know their res	(Signature of Cir	sturo		No. (Official Use Only)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MATLING	PORPOSES, WHEN DIFFERENT THAN MUNICIPALITY	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VOTING	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Î,		Street: 1230 Elm 9t reet	☐ Town ☐ Village	12/9/20/11
OThomash. Jacob	Thomas & Jacob	City: Wausau Zip: 5440(X City Wansay	(Month) (Day) (Year)
	0 0	Street: 909 Genrich St Hot2	☐ Town ☐ Village	12/9/2011
HOTTICION F. Kloth	Hatricia 7 Kloth	city: Nausau zip: 54403	P(City Waysay	(Month) (Day) (Year)
		Street: 5076 Punest RD	A-Town Village	12/9/2011
Brendt m Syllian	I gut your	an Hatley of zip 54440	City Keil	(Month) (Day) (Year)
Robin TRANTON		Street: 1601 FRANKLIN ST	☐ Town ☐ Village	12/9/2011
KOBIN TRANTOW	165	City: WAUSAU Zip: 54403	City WAUSAU	(Month) (Day) (Year)
		Street:	☐ Town☐ Village	/ /20
		City: Zip:	□ City	(Month) (Day) (Year)
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i.		Street: 1230 E/m 77	reel	□ Village	12/9/20 <u>11</u>
DT Lamas L. Jacob	, Thomas I much	an: Waasau	zip: 5440(X City Wausay	(Month) (Day) (Year)
7 1100		Street: 909 Genrich	St Apt2	□ Town □ Village	12/9/2011
Patricia F. Kloth	Nyatricia & Kloth	aty: Wall Sall	zip: 54403	Acity Waysay	(Month) (Day) (Year)
		Street: 5076 Parest	RD	A-Town □ Village	12/9/2011
Brendt n Sullivai	n But Gum	- an Hatley of	zip: 54440	City Reid	(Month) (Day) (Year)
		Street: 1601 FRANKLIN	57	□ Town □ Village	12/9/2011
Robin TRANTOW	965	City: WAUSAU	zip: 54403	City WAUSAU	(Month) (Day) (Year)
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	Certification	of Circulator			
		ertify): I reside at 7886 Grad	n. t-e Heig Ut dence - Street name av	3 Road Town of	Texes or Municipal ity)
(Name of Circulated this recall petition and personally	rculator) obtained each of the signatures on this paper. I know the ndicated opposite his or her name. I know their respectiv	at the signers are electors of the jurisdiction of	r district represented by th	e officeholder named in this petition. I kno	w that each person signed
aper with full knowledge of its content on the date in $12 - \sqrt{20}$	ndicated opposite his or her name. I know their respectively	· Custing	on. I am aware mat faish		o. (Official Use Only)
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Katrina Zimmermann	Kan	Street: E 13791 EAST TOWN Rd thy: RTNAIL WI zip: 64471	Village Easton	12/09/2011 (Month) (Day) (Year)	Email Phone
Jo Stutneister	Stormeister	Street: 725W. Ross City: Way Say zip: 54402	O Town O Village O City Way Say	/2/07/20// (Month) (Yay) (Year)	Email Phone
<u> </u>	Becky doje	Street: 113 Eau claire Blvd City: wasau zip: 54403	□ Town □ Village City	#2/9/20_[1 (Month) (Day) (Year)	Email Phone
4 EILEEN KROCHING	EILEENKKOEKING	Street 4244.67th ST Chy. Wausau WI 254403	Town Uyillage City ACITY AUSAU	(7_69/20 <u>(1</u>	Email Phone
5. DOUGLAS JUDELL	Poyle Gull	Street: 2310 FOREST BROVE City: KRONEWETTER Zip: 54455	Drillage KNONEN WETTER	/2/9/20// (Month) (Day) (Year)	Email Phone
6. Joseph Sakusz	Joseph Johns	street: 4903 Kramer Lane City: Weston WI zip:54476	Town B Village WISH	12/9/2011 (Month) (Day) (Year)	Email Phone
JAPEN HAINES	Rohandaines	Street: 106 47 1216 City: 11 A 116A 11 219: 34453	Urillage Village Villa	// / / 20// (Month) (Dry) (Year)	Email Phone
Sharon M Blosof	SLM. BL	street: 801 Grant St. City: WAUSAU ZIpt54403	Town Village City Walls 1	(Month) (Day) (Year)	Email Phone
James & Walker	Dh	Street: 1920 EINTER ST City: WAVSAV WI Zip: 54401	Unilage See City AUSAU	[Z] 9/20 <u>//</u> (Month) (Day) (Year)	Email Phone
DENNIS J. LEGOVIT	P. A Lyget	Street: 2253 River Forest LN City: Mosinee WI zip: 54455	City Kisan enwetter Park Town of T	12/9/2011 (Month) (Day) (Year)	Email Phone
William A. Christenson Certification of Circulator (certify): I reside at T886 Granite Heights Road Town of Texas					

(37		
(Name of Circulator)	(Circulator's Residence - Streethame and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers a	() () () () () () () () () ()	** (Stremator wunterpatity)
the appearance of this paper. I know that the signers a	are electors of the jurisdiction or district represented by the officeholder r	named in this netition. I know that each nerson signed
the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences	given I support this recall petition I am aware that falcifying this agetifi-	ation is annichable and a Cara taken a state of
	S. Tan aware that lastrying this certific	ation is punishable under 5.12.13(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

:0 اصد	office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
	1. Kristine Konsela	Kirstine Koppala	Street: 528 N. 7th Avenue	☐ Town ☐ Village	2/2/20 <u>1</u>	Email	
	The many	Topoco le 10 ppes	City: Wausau zip: 54401	Willage Wausau	(Month) (Day) (Year)	Phone	
	2.	m:0084	street: 1604 Wisteria La.	RTown Utillage Rib Nountain	12/9/20_11	Email	
	Michael E. Young	Thichwere puring	City: Wausau, Wl zip: 54401	City KID /1641/Cin	(Month) (Day) (Year)	Phone	
	Scott A. DiBrux	Q > A	Street: 401 Fleming Street City: Wansan W1 zip: 54403	□ Town □ Village ₩ City	12/9/2011	Email	
	JUST H. DEDIGORX	De Day	City: Wansan W1 24p: 54403	City 00 100 JACA	(Month) (Day) (Year)	Phone	
	- Nicholaus Lafonte	113	Street: 3850 Weston Pines Lando	□Town Avillage □City WeSten	12/9/2011	Email Phone	
		E The second second	cir: Weston WI zip: 54476	City Westen	(Month) (Day) (Year)	Email	
	6. GENE BORGH	1 / Q1	SIRCERSII MORKEAND AVE	Down Village City Chapter	12/9/2011	Phone	
	GENE DOKAH	Must	City SCHOFIRED W(Zip: 54476	DCity J CHOFIED	(Month) (Day) (Year)		
	Geneld Honous	- Personal	Street: 2243 Bryce co	□ Town Village	12/9/2011	Email	
		Clan	City: Kus nancustter zip: 54455	Village Knenenwetter	(Month) (Day) (Year)	Phone	
	7.	1	Street: 306 b Humboldt And	☐ Town ☐ Village	12/9/2011	Email	
	Lisadohnson	Trackmen	City: Nousale W1 zip: 54463	*City Daysau	(Month) (Day) (Year)	Phone	
	8.		Street: 11104 Old Hwy51	☐ Town ───────────────────────────────────	12/9/20/1	Email	
	IKA VOLM	alka Blas	cin: Mosinee W zip:54455	Ocity Kronenwetter	(Month) (Day) (Year)	Phone	
	ROBE HANCOCK	Rozu Hancoch	Street: 1801 Laguna AVC	□ Town □ Village ₩ = 9 70 W □ City	12/9/20/1	Email	
		1 John 17 - Con	City: Wastra zip: WF	☐ City	(Month) (Day) (Year)	Phone	
	10. Jeanette Hilliard	Clarette Hilliand	Street: 1206 Stark St.	☐ Town ☐ Village	12/9/20/1	Email	
			City: Wausau zip: 54403	MCity Wausau	(Month) (Day) (Year)	Phone	
	A C/ . /	Certification of	_	n 1 - 1 - 1			
I, _	William A. Christenso		fy): I reside at T886 Granite Heights			Circ	
l pe	<i>Name of Circul</i>) rsonally circulated this recall petition and personally obta		Circulator's Residence - Strew name and the signers are electors of the jurisdiction or district represented by the			J., L	
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the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

/<u>20 //</u> (Year) (Month) (Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	Israel Perez	Tillian	Street: 5002 Alderson & #11.	Ovillage Schoffe	12/8/2011 (Month) (Day) (Year)	Email Phone
-	2. Penny Woth	Juny Vot	street: 909 Genrichst Ast. 2 city: Nausan, WI zip: 54403	UVillage City \ OutSan	(Month) (Day) (Year)	Email Phone
	3. Boniania A. Hall	Bink	Street: January Ly Zip: 54403	Town Usuage Strity ausau	12/9/20 <u>11</u> (Month) (Day) (Year)	Email Phone
	4. Pamela Hamman	Parrela Humand	Street: 43(1 Shotel Hre #48) City: Western, W. 21p: 54476	□ Town □ Village □ City	12/9/201((Month) (Day) (Year)	Email Phone
	5. Judy Condo	Judy Condy	Street: 4903 Organ St. 47 (City: Schofield zip: 54476	O Town Tillage City (Leston 2	/2 /9 /2011 (Month) (Day) (Year)	Email Phone
	Guy Gauges	Any Daugez	Street: 1/64 010 Hwy 51 City: Mosinee, WI zip: 54455	Drown Skvillage City Kronenwetter	12/9/20_11 (Month) (Day) (Year)	Email Phone
	Amy LAbel	Any of tow	street: 2135 Oregin Trl city: Kronennetter wi 5455	S Village Knonennettes	12/9/2011 (Month) (Day) (Yeat)	Email Phone
	Thomas L Rhywor	Thomas L. Poly	Street: 6300 Birch ST. #70 City: Schofield Zip; SHH76	Drown Sevillage City City Control City City	12/9/2011 (Month) (Day) (Year)	Email Phone
	CERALD ZOLTOUSKI	Gental Zoltowhy	Street: 4703 N 53 AVR City: WAUSAU 201 Zip: 54401	Town O Village City 11/1/2	12/7/20// (Month) (Day) (Year)	Email Phone
	Rachel Rohland	uachelpohland	Street: 802 FranklinSt APH City: Wallsau WI 21,54403	Town Stillage City VXVVSCLV	2/9/2011 (Month) (Day) (Year)	Email Phone
I, _	William A. Christer (Name of Circul		of Circulator fy): I reside at 7886 Granite Height (Circulator's Residence Street and any	s Road Town of	Texas	Circulato

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALT		TICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
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John Larsen	john Jorsen	Street: 821 E Thomas St City: Warsau zip: 54403	UVillage Wausau	/2/9/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Roband Stolmes For	al Amy	Street: 775 W RUSS AV- City: USAUSAU W. zip: 544.3	Town Ovillage The strain of th	/	Phone (7
mcknel MATSICK	michel Marsul	Street: 570 3 2005 1705 City: WKUSIL WIS ZID: 544101	Drown W.C. Octive Mountain	(Month) (Day) (Year)	Phone (7
Dewich Case	Wellah Coce	Street 113 Eas Claire Bud Cirl Library Zip: 51428	Town Ulliage Water U	13/9/2011 (Month) (Day) (Year)	Phone
5. Kathen wéyonkich	Katherin Kishinh	Street: 13,35 mospertave Cityle russy with zip.54403	Town Utiliage City WauSqu	Month) (Day) (Year)	Phone (
CAROL LUNDIN	Genol & Tunelin	Street: R11720 R14 141 City: Ringh W zip: 54471	Trown In City Ringle	12/09/20 (Month) (Day) (Year)	Email Phone
Charles D. Puccio	C. Din Pucin	Street: 316 SMITH ST. City: HATLEY W1. zip: 54440	Drown Syllage City HATLEY	12/09/2011 (Month) (Day) (Year)	Phone (
Pauline M. Riedl	PaulisM. Luds	Street: 6281/2 Augusta	Town Uvillage Wausay	/2/9/20_ <u>//</u> (Month) (Day) (Year)	Email Phone
adriana Erickson	aduana Eichson	Street: 415 KoHer St City: Wausau zip: 54403	Town O'Village City Wausau	12 / 9 / 20 11 (Month) (Day) (Year)	Email Phone
ANN STAUNER	am Stain	Street: 5781/2 LINCOLN AVG	Town WA USA U	(Month) (Day) (Year)	Email Phone
William A. Christens	Certification (of Circulator fy): I reside at <u>T886</u> Granite Heights K	load Town of	Texes	Cimanla

	and the second s	1 (1)	suan 10 7 2 C/10	Village	11/1/1/1
HNN	STAUNER	Um Hain	City: WAUSAC	Zip: SYYO Zip: City	(Month) (Day) (Year)
	• 01 1		ation of Circulator		
I. William	A. Christens	30 M	, (certify): I reside at <u>7886</u> 6ra;	rite Heights Road	Town of Texas
	(Name of Circ		(Circulator's Re	sidence - Street name and Number)	(Circulator Municipality)
I personally circulated this	recall petition and personally of	btained each of the signatures on this paper. I I	snow that the signers are electors of the jurisdiction	or district represented by the officeholder na	amed in this petition. I know that each person signed
the paper with full knowle	dge of its content on the date inc	dicated opposite his or her name. I know their	respective residences given. I support this recall pet	ition. I am aware that falsifying this certifica	tion is punishable under S.12.13(3)(a), Wis. Stats.
<u> 12 / </u>	09 /20 /	1 William	a. Chrotenson	~	Page No. (Official Use Only)
(Month)	(Day) (Year))	(Signature of Circulator)		#000789
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

of Senator Pam Galloway from office pursuar	at to Article XIII, Section 12 of the Wisconsin Constitution	and S.9.10 of the Wisconsin Statutes.		PO Box			
THE MUNICIPALITY U	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	(
1. Print Laren L Delwid	e Street: 12399 W State Rd 48	Nown Utillage	11/1/20]	Email			
signan Labeluiche	civit Xeland WI zip 54835	(Muhicipality Name)	(Month) (Day) (Year)	(
Print PONALD FREITAG	Street 946 N. Washington and	Town Town City EXELAND	////9/20 <u>/1</u>	Email			
Sign: Ronald Freitag	City: EX FLAND Zip: 54835	(Municipality Name)	(Month) (Day) (Year)	Phone (
3. Print: DENNIS DELWICHO	12399 W STATE RO. 48	Town Utillage	11 /5// 11	Email			
Sign: Dennis C. Deliver	EXELAND 54835	METED R (Municipality Name)		Phone (
Print: RANDY M PESKA	Street: 1/082 W 57h STR	Town Village City VE And	11 /20/2011	Email			
Sign: Manely Milyko	City: EXELAND Zip: 54835	(Municipality Name)	(Month) (Day) (Year)	Phone (
Print: RASE PETKA	SLEET XELAND 54835	□ Town □ Village □ City	11 /2x/2011	Email			
sign: Rosa Keska	WE WORZW 5TH STR	(Municipality Name)	(Month) (Day) (Year)	Phone (
Transact Comments	Certification of Circulator						
		^ <i></i> -					

C. DELWICHderify): I reside at 12399 W STATE RO 48 (Printed Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Spate

(Signature of Circulator)

Circulators,

Please include ye Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Colloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 0 10 of the Wisconsin Statutes

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Printi Dale P. Beliske	Street: N1291214wy 13	□ Town □ Village □ City	12/8/20//	Emai
Signa Wale Falish	City Fefresd, Wi zipi 54524	(Municipality Name)	(Month) (Day) (Year)	Phon (7
2. Print: WILLIAM HOLGER	Street: N14412 HWY 13	Town Utillage City TIFIE	12/8/20/1	Phon
Sign_Wellin Holes	CHO PARK FALLS ZIDI 54552	FIFIECD (Municipality Name)	(Month) (Day) (Year)	Emai
3. Print: PAULA HOLGERS	Street: N/44/2 HW4/3	☐ Town ☐ Village ☐ City	1. / 8/20 //	
sign: Paula Holger	Cay: PARKFALLS zipi HU54552	(Municipality Name)	(Month) (Day) (Year)	Phon
4. Print MANY B. ELKINS	Street: N91705. 500 LILA	Trown Rt Difference City &	P / 8/2011	Emai
sign. MB. Elfur	City 014/1/15 21pt 34355	(Municipality Name)	(Month) (Day) (Year)	Phon
Frint ROBERT WELKINS	Street: 19170 5. 500 2K NO	Town Nillage City	12 10 1001	Emai
Signification, Elli	City P/411.15 Zipi 5955-5	(Municipality Name)		Phon
Robert W. Elkins	Certification of Circulator (certify): I reside at かりりと S・Soo レレ ルコ	TOWN OF	ELILIN	Circulat
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu	mber) (Circulator Mun	icipality)	Please inclu
I personally circulated this recall petition and personally o named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	btained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(\$)(a), Wis. Stats.	ors of the jurisdiction or district represented by the her name. I know their respective residences gi	he officeholder ven. I support this	Phone ()

(Month) (Day) (Signature of Circulator)

Circulato

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Diane I Hakala	Diane Jakala	Street: N4953 Hamaula Rd City: Brantwood WIII: 5451391	Trown Utillage City NOX	12/08/2011 (Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip:	□ Town	
		City: Zip:	☐ Village ☐ City	/ 20 (Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
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	<i>)</i>	City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)
	·	Street:	□ Town □ Village	/ /20
),		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20
	Certification (City: Zip:		(Month) (Day) (Year)

		Street:	·	U Village	/ /20
		City:	Zip:	□ City	(Month) (Day) (Year)
I, CHA PLES (Name of Circul I personally circulated this recall petition and personally obta the paper with full knowledge of its content on the date india (Month) (Day) (Year)	ator), (cert	the signers are electors of the jurisdiction of	idente Street name and of district represented by the cion. I am aware that falsifyi	officeholder named in this petiti ing this certification is punishable	Circulator Municipality) on. I know that each person signed ander S.12.13(3)(a), Wis. Stats. Page No. (Official to 1919) 2

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

of Schatof Fam Ganoway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.						
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT.		1	Madiso	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING			
Print Steven J. Vredand	Street: N4850 Books Rd.	Town Village City	11/29/2011		Email	
Signi Grand Assertation of the Control of the Contr	civiladysmith zin54848	Thorna pe (Municipality Name)	(Month) (Day) (Year)		Phone (
Print: Jean Harrey	Street: 1229 Nandot.	☐ Town Village ☐ City	11 130/20 11		Email	
Sign: Jan Garvey	City: Bruce, W 21p. 54819	(Municipality Name)	(Month) (Day) (Year)		Phone (
Print: GERALDINE A. DIEH	Street: 1101 It Fairway	☐ Town ☐ Village ☐ City	0 / 11/20 (1		Email	
Sign: Derachene a Muchin	civ: Hadepmeth Zip: 54848	Sody Smith (Mynicipality Name)	(Month) (Day) (Year)		Phone (
 4. Print: Kevin Westlund	Street: W14190 Tyman Rd,	City City	12/8/20//		Email	
5.	city: Weyerhaeuserzip: 54895	(Municipality Name)	(Month) (Day) (Year)		Phone (7/5	
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20		Email	
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)		Phone (
 I, Mary Federle, ((Frinted Name of Circulator)	Certification of Circulator certify): I reside at <u>W1226 Adams</u> (Circulator's Residence - Street Name and Nur	RA TOWN of A	Hanta	Circ	ulators	
 f	Bruce, W15-48	319	E//		<i>e include y</i> Phone	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12,13(3)(a), Wis. Stats.

(Month) (Day) (Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box Madisd THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email **≯** Town ☐ Village ☐ City (Municipality Name) Town U Village ☐ City Phone (Municipality Name) □ Town ☐ Village **X**City Phone (Municipality Name) (715 Town ☐ Village ☐ City Phone (Municipality Name) (7/4 ☐ Town ☐ Village ☐ City Street: (Municipality Name) **Certification of Circulator** (certify): I reside at _ 1 Circulators. (Circulator's Residence - Street Name and Number) Please include yo Phone

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
Villiam C. Brehne	William & Brehma	Street: 922 Woodlaun Rel City: Walleau W. zip: 54403	□ Town □ Village **City** Wallsaw**	72/9/20 H		
PosaLie Brehmen	Rosaliem Brehmer	Street: 922 Woodlawn Ad City: Wansan Zip: 54403	Town Village City Ubusau	12/9/204 (Month) (Day) (Year)		
PARCACET TANK	Mergaet Taran	Street: 326 Mc Inc Inc. City: William W/ Zip: 54403.	O Town O Village O City O City O City	12/9/20// (Month) (Day) (Year)		
1Cris Schult	Kateschult	ciy: Wausau zip: 5440	Uvillage RIBMT	12 / 9/20 11 (Month) (Day) (Year)		
aymore m. KLAPPTA USIAS	Reman M. Hepatauki	Sircet: 9106 SORALL LN City: Wawsau zip: 5440}	∀Town □ Village □ City	12/9/2011 (Month) (Day) (Year)		
•	s Layon re Klapatanska	street: 9106 Sorrel Ln cit, Waysay Zip: 54403	Sytown O Village City Wausau	/2/9/20_1/ [Month) (Day) (Year)		
Angela Braun	auglo Braun	Street: 1124 Prospect Ave City: WWSQM, W zip: 94403	Town Willage WOUSAU	12/9/2011 1 (Month) (Day) (Year)		
Peter Kustek	PLIL	1951 Din 11-1-		12 /2 /2 d1 1 1 1 1 1 1 1 1 1		
Steve Chow	Stew Ct	street: 9103 Windemere City: Weston zip: 54476	Town Willage City Weston	\2 /9/2011 (Month) (Day) (Year)		
Jacklyn Chow	Jan Jan M Chan	Street: 9103 Windemere City: Weston 524474	Town Stillage City Waston	12/9/20// (Month) (Day) (Year)		
Certification of Circulator Dancel Hazaert , (certify): I reside at 7402 wall 57 RoThschild Villey e (Circulator's Residence - Street name and Number) (Circulator's Residence - Street name and Number)						

(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

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signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madiso	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Yvonne Johnson	Street: 1414 N State Rd 40	☐ Town Sevillage ☐ City	11/24/2011	Email	
sign John Johnson	City: Bruce zip: 54819	(Municipality Name)	(Month) (Day) (Year)	Phone (
 Print: Serald Johnson	Street: 1414 N State Rd 40	□ Town Village □ City	11 /21/20/1	Email	
sign: fireld folmson	city: Bruce zip: 54819	(Municipality Name)	(Month) (Day) (Year)	(
Rurtis Johnson	Street: 1414 N State Rd 40	☐ Town ☐ Village ☐ City	11/24/2011	Email	
sign: hurtis Johnson	City: Bruce 21,54819	(Municipality Name)	(Month) (Day) (Year)	Phone (
4. Kyle Johnson	Street: 1414 N State Rd 40	□ Town ★Village □ City	11/26/2011	Email	
Sign: Jamser	City: Bruce zip: 54819	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print: Rebecca McEathron Kramer	Street: N8231 Cty Rd H	© Town □ Village □ City Emery	11/28/20_11	Email	
Sign: Rebreca M. Forthwon Kreimer	cuy: Phillips WI zup: 54555	(Municipality Name)	(Month) (Day) (Year)	Phone (
11h=	Certification of Circulator	Us Rove			
 I, Vonne Johnson, (Printed Name of Circulator)	(certify): I reside at 1414 N State Rd (Circulator's Residence – Street Name and Nu	40 B(ULL mber) (Circulator Muni	cipality)	Circulator Please include Phone	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Parn Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committe PO Box 2: Madison,

of Senator Pam Galloway Hollt Office paradian	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		1
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print Timothy L. Papp	Street: N8954 Lake Shape Lin	Town Ci Village City ELK	11 /25/20 11 (Month) (Day) (Year)	Phone
Sign: All All All All All All All All All Al	Cay: Phillips, W: 21pt 54555	(Municipality Name)		(715)
Print: TONI POPP	Street: N8954 Lake Shore In	TS-Town Utiliage City	11 25/20 11 (Month) (Day) (Year)	Phone
sign: Jan Jopp	chy. Phillips zhy: 54555	(Municipality Name)		Email
3. Print: John A. SATTERWhite	Street: W73175. Minnowlk Rd	Town Village City	// /25/20// (Month) (Duy) (Year)	Phone
Golna. Falladell	City Phillips, WI zup. 54555	(Municipality Name)		Email
4. Renee Satterwhite		City E/K	// 25/20	Phone
sign: Kenee' Satterwhite	City: Phillips (2) Zip: 54555	(Municipality Name)	(Maduli) (Lily)	(7/3
5. Print: Steve Kellei	Street: 124 N. Avon Ave.	D Town Village SCity Phi(1) PS	11 /39/20/1	Phone
Sign: Stor Kelle	Phillips 20 54555	(Municipality Name)	(Month) (Day) (Year)	(
Erik C. Larse	Certification of Circulator Certify): I reside at (Circulator's Residence – Street Name and	NOCHEKROOD,	Phillips Junicipality)	Circulator Please include
(Printed Name of Circulator)	(Circulator's Kestaence - Sinces Ivanie and	, D		Phone

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speall petition. I am aware that falsifying this certification is punishable (Signature of Circulator) (Year) (Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Part Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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signi John Rodinson	Street 580 South Avoyle AVR	Town Village DCity (Municipality Name)	// /2-/20_1 (Month) (Day) (Year)	Phone (
2. Print:	Street	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
3. Prist:	City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email
Sign:	City: Zip:	(Municipality Name)		(Email
Print:	Street:	☐ Village ☐ City (Municipality Name)	/ /20	Phone
5.	City: Zipi	□ Town		Email
Print:	Street:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
+ 101	Certification of Circulator	C 1.D. DI. I		

i, Erk C	LASEC ted Name of Circulator	(certify): I resid	de at V6863 D (Circulator's Reside	SOPPANIACNO ence – Street Name and Number)		Thillp irculator Municipality)	5
named in this petition. I	know that each person sig	ned the paper with full kr	te signatures on this paper. I leave the signatures of its content on the er \$.12/13(3)(a)—Wis. State—	anow that the signers are electors of the date indicated opposite his or her name	jurisdiction or district e. I know their respecti	represented by the officeh we residences given. I sup	older port this
(Month) /	<u>6</u> (Day) / 2	01/ 5	(Signature of Circulator)	<u>1</u> 2	Pag	WUU793"	-1 1 1

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nu Stacey Wiitala	Street: 139 Victoria St City: Phillips 21pi 54555	Town Village City) (Municipality Name)	// 28 20 _/ (Month) (Day) (Year)	Phone (71
Print Pichasd C. LAWS	Street W6351 Trailer hA. City Phillips Wiszum 5455	Orcester. (Municipality Name)	(1 428/20 <u>//</u> (Month) (Day) (Year)	Phone (7)
3. Print: John W. Kilty Sign: Julu W. Kily	Street: N10630 West Solber Lell.	O Town O Village O City (Municipality Name)	///28/20 <u>//</u> (Month) (Day) (Year)	Phone (*)
4. Print: Sarah Lickson Sign: Sarah Lackson	Street: NB764 Holywood Ln City: Phillips, WI zip: 54555	Town Village City (Municipality Name)	11 /29/20 <u>11</u> (Month) (Day) (Year)	Phone (7/3
5. Print: Kathryn Shimkets Sign: Kathryn Shimh	Street: N9401 W View Rd City: Phillips 219: 57575	Crown D Village City (Municipality Name)	11 /2 / 20	Phone
Erik C. Larser (Printed Name of Circulator)	Certification of Circulator Certify): I reside at WESS DISCIPPED (Circulator's Residence - Street Name and	ring Creekkoad, t	hillips icipality)	Circulator

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